The role of negative affect, loneliness, and positive affect in quality of life

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Physiological health is influenced by the presence and absence of psychosocial factors such as social support (Dunkel-Schetter, Folkman & Lazarus, 1987) and negative affect (Buerki & Adler, 2005). Researchers have shown that combined factors demonstrate stronger pathways to health outcomes than isolated factors (Denollet, 2005). The presence of negative affectivity paired with the inability to express those negative emotions contributes significantly to cardiovascular disease, increased morbidity and mortality, and decreased response to treatment (Schiffer et al., 2006), while positive affect appears to provide a buffer against disease (Steptoe, Wardel, Marmot, 2005).

Our study examined how loneliness (UCLA Loneliness Scale; Russell, 1996), positive affect and negative affect (Positive and Negative Affect Schedule; Watson, Clark, & Tellegen, 1988) contributed to quality of life (Medical Outcomes Study 36 item Short Form Health Survey; Ware & Sherbourne, 1992) in a university sample in North Texas. Participants (n=125, 75% female) self-identified as European-American (54%), African-American (26%), Latino(a) (9%) and other (11%), with an average age of 20.9 (SD=4.0). Significant correlations were identified between these scales. Four multiple regression models predicting psychological quality of life were examined controlling for age and gender. Lower levels of loneliness (β=-0.15, t=-2.05, p<.05) and negative affect (β=-0.44, t=-6.48, p<.001), yet higher levels of positive affect (β=0.40, t=6.14, p<.001, R^2 change=.14) predicted emotional well-being (adjusted R^2=.56, F(5, 119)=32.10, p<.001). Lower levels of negative affect (β=-0.33, t=-4.28, p<.001) and higher levels of positive affect (β=0.45, t=6.07, p<.001, R^2 change=.17) predicted vitality (adjusted R^2=.44, F(5, 119)=20.65, p<.001). Lower levels of loneliness (β=-0.25, t=-2.54, p<.05) and negative affect (β=-0.24, t=-2.57, p<.01) demonstrated improved mental health related role functioning (adjusted R^2=.16, F(5, 119)=5.79, p<.001). Negative affect, loneliness and positive affect did not contribute significant variance to social functioning.

Our study demonstrated that positive and negative personality characteristics plus social functioning relate to psychological quality of life. Understanding the complex relationship among positive and negative attributes and behaviors allows clinicians to tailor treatment methods to reduce the risk of disease onset.